# TRUTH AND RECONCILIATION IN PSYCHIATRY –DRAFT STATEMENT (VERSION 3) AUGUST 2010

**Introduction – ''Recovery' is no longer a service user led agenda**

- The term 'recovery' in UK has been rendered almost meaningless. As most health and social care services in England are now following a recovery agenda, 'Recovery' is becoming equated with loss of services, loss of benefits, and a push towards returning to work, without the support, retraining and flexibility this would require. A recent report (Perkins et al 2009) recognises that not everyone can regain the confidence to work, and states they should not be penalised for the failings of a mental health system they have no control over.
- Partnership working is possible, and would be welcomed by many using and working in mental health services. However this involves significant change.
- We, the signatories propose that one way to mark a change from old ways of decision making to one based on genuine, equal, power-sharing partnerships in mental health would be through a Truth and Reconciliation process.

**Truth and Reconciliation in mental health – why this is needed**

A recent recovery guideline for mental health professionals (Slade, 2009) argues that the first step towards genuine partnership around any new policy agenda in psychiatry should be to call for a public apology for the wrongs done in the name of psychiatric treatment.

- The book suggests that '*real reconciliation and partnership may only be possible once a line has been drawn, through the symbolism of an apology, which explicitly recognises the need for a new trajectory in the future*'.
- It argues that public apologies are justified when the dominant group has inflicted harm on the subordinate group over a sustained period. He mentions some examples where former psychiatric patients have called for public apologies.
- A few very specific apologies in psychiatry have been made, but no more general acknowledgement of wrongful treatment.

**We call for an official Apology for damaging treatments since the origins of psychiatry circa 1850s**

- Now that our human rights are (belatedly) internationally recognised, in the UN Convention of the Rights of Persons with Disabilities (CRPD), we think the time is right to call for an apology from our governments and professional psychiatric bodies for a list of wrongs (of which these are just a few possible examples):
    - Oppressive, incorrect and unproven medical theories underpinning damaging treatments dating from the 1850s onwards which have been harmful physically and psychologically (not to deny that many individuals working in psychiatry and mental health services do their best to help patients and service users. This is not about individuals but a chance for psychiatry as a whole to admit and redress the failings of its profession).

- Creation of a body of dubious 'knowledge' based on research service users/patients had no involvement in or choice about, and which has been given legitimacy to overrule people's own self-knowledge and expertise by experience.

- Creating stigmatised services which isolate people from their families and friends and wider society and make it hard to recover self-belief, health and social status.

**The right to reparation**

- We suggest that the apology should be negotiated internationally – through service user/survivor representatives at EC and UN level. It should be accompanied by demands for reparations including:

  - Provision of services defined by service users based on collective knowledge and expertise and service user/survivor controlled research
  - Early intervention in first break/psychosis which is non-medical and non-stigmatising and based on existing work such as Soteria and service user led crisis houses.
  - Financial help for peer support and self management
  - Education and training in individually chosen + valued skills
  - Legal status for advance directives, advance statements, living wills, fully negotiated care and treatment plans
  - Repeal of all forced treatment legislation which discriminates against people using mental health services and is out of line with CRPD

**References**


- Beresford, P., M. Nettle, et al. (2010 (forthcoming) *Towards A Social Model Of Madness And Distress? Exploring what service users say,* Joseph Rowntree
- Hopper, K. (2007). "Rethinking social recovery in schizophrenia: What a capabilities approach might offer." Social Science & Medicine **65**: 868-879.
- Hopper, K. (2009). Reframing First Breaks and Early Crisis: A Capabilities-Informed Approach, INTAR.
- Perkins, R., Farmer P., Litchfield, P. (2009). Realising Ambitions: Better employment support for people with a mental health condition. Department for Work and Pensions.
- Slade,M. (2009) Personal Recovery and Mental Illness, Cambridge, Cambridge University Press
- UN Convention on the Rights of Persons with Disabilities

## Signatories in alphabetical order

**Mary Nettle**

**Dr. Heather Straughan**

**Dr. Jan Wallcraft**